

policies was a widespread and systematic problem. This bill today requires that all VA medical center directors certify each year that their facility is in compliance with the scheduling directive. If a VA medical center is found noncompliant, H.R. 476 will hold those leaders accountable.

Our bill makes certain that those who fail in their duty to serve our veterans will not be receiving bonuses or awards anytime soon. Lack of oversight, lack of accountability, and lack of transparency led to the 2014 wait-times crisis. The VA Scheduling Accountability Act will help ensure those mistakes are not repeated, and improve access to timely care for our Nation's heroes.

Again, I thank the sponsor of the bill, Mrs. WALORSKI. It is one of the most important bills that we will pass this year, in my opinion, and I urge its passage.

Mr. WALZ. Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 5 minutes to the gentlewoman from Indiana (Mrs. WALORSKI), the sponsor of the bill and a former member of the committee.

Mrs. WALORSKI. Mr. Speaker, I thank Chairman ROE and Ranking Member WALZ. What an honor it is to work with these two gentlemen on veterans' issues.

Mr. Speaker, I rise today in support of my bill, H.R. 467, the VA Scheduling Accountability Act.

This commonsense legislation codifies an important measure of oversight and accountability of VA facilities to prevent scheduling manipulation or, in the vernacular, "cooking the books," that has harmed veterans for so long.

Hearings held by the House VA Committee and investigations by the VA inspector general and the GAO have, unfortunately, confirmed many of the allegations of cooking books and falsified wait-time data at facilities around the country.

The VA has a procedure for scheduling veterans' medical appointments, which includes 19 different items, such as ensuring that a patient's desired appointment date is not altered and that staff are fully trained. Importantly, the directive requires each facility to certify compliance with all of these 19 items every year.

However, an August 2014 VA inspector general report uncovered that, in May 2013, a senior VA official waived the certification requirement that year, essentially putting the facility on an honor system, allowing them to self-certify.

Without this crucial accountability mechanism, bad actors were given free rein to manipulate wait-time data and ignore the VA's required scheduling practices. Meanwhile, veterans faced significant delays in getting the care they needed while, in some extreme cases, veterans died.

Since that time, the VA has reinstated the certification requirements.

However, serious problems remain, as evidenced by a recent VA investigation of a clinic in my own district that I requested after some brave individuals came forward with allegations of wrongdoing.

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The VA found that the clinic scheduled appointments for veterans without the veterans' knowledge and canceled them on the day of the appointment in order to fill their schedule for that day. If the VA had conducted proper audits of that facility's scheduling practices last year, this misconduct could have been prevented. The VA's report recommended a review of scheduling compliance for all medical facilities in the region.

The VA's continued inability to reform itself from within is the reason we need to pass this bill. This bill will require each facility director to annually certify compliance with the current scheduling directive or any successive directive that replaces it, and, most importantly, it will prohibit any future waivers. The bill also provides accountability by making a director ineligible for salary bonuses if their facility fails to certify compliance, and it requires the VA to report to Congress a list of these facilities that are not in compliance. This will provide more oversight of the VA, ensure that Congress is aware of noncompliant facilities, and end the reckless practice of self-certification.

Mr. Speaker, our veterans risked life and limb for our freedom, but too often the VA has let them down. It is time to put an end to this scheduling manipulation—the cooking of the books—and the false wait-time data.

Holding every VA facility accountable for following scheduling rules is an important, commonsense step as we work to fix the VA so it works for the veterans in our country.

Mr. Speaker, I urge my colleagues to support H.R. 467, the VA Scheduling Accountability Act.

Mr. WALZ. Mr. Speaker, again, I thank the gentlewoman from Indiana for her passion and for the chairman to bring this commonsense accountability piece to the floor.

I encourage my colleagues to support it, and I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, once again, I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 467.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROE of Tennessee. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further pro-

ceedings on this motion will be postponed.

IMPROVING THE PROVISION OF ADULT DAY HEALTH CARE SERVICES FOR VETERANS

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1005) to amend title 38, United States Code, to improve the provision of adult day health care services for veterans.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1005

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PROVISION OF ADULT DAY HEALTH CARE SERVICES FOR VETERANS.

(a) IN GENERAL.—Section 1745 of title 38, United States Code, is amended—

(1) by adding at the end the following new subsection:

“(d)(1) The Secretary shall enter into an agreement under section 1720(c)(1) of this title or a contract with each State home for payment by the Secretary for adult day health care provided to a veteran who is eligible for, but does not receive, nursing home care pursuant to subsection (a).”

“(2) Payment under each agreement or contract between the Secretary and a State home under paragraph (1) for each veteran who receives care under such paragraph shall be made at a rate that is equal to 65 percent of the payment that the Secretary would pay to the State home pursuant to subsection (a)(2) if the veteran received nursing home care under subsection (a) rather than under paragraph (1) of this subsection.

“(3) Payment by the Secretary under paragraph (1) to a State home for adult day health care provided to a veteran described in that paragraph constitutes payment in full to the State home for such care furnished to that veteran.”; and

(2) in the heading, by inserting “, adult day health care,” after “home care”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by striking the item relating to section 1745 and inserting the following new item:

“1745. Nursing home care, adult day health care, and medications for veterans with service-connected disabilities.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise in support of H.R. 1005, a bill to improve the provision of adult day healthcare services for veterans.

Last year, the Department of Veterans Affairs testified that 9.8 million veterans, or 46 percent of the veteran population, will be 65 years of age or older in 2017. Given that, the need to ensure that veterans have ready access to a variety of geriatric and long-term care services and supports is an increasingly important component of the VA's mission.

Current law requires the VA to cover the cost of nursing home care in a State Veterans Home for any veteran in need of such care due to a service-connected disability or with a service-connected disability rating of 70 percent or more. That authority is incredibly important and has helped thousands of our veterans get the nursing home care they need.

However, there is an increasing demand for VA to offer geriatric and long-term care programs in noninstitutional settings that would allow aging veterans to receive needed services and supports while remaining in their homes surrounded by their loved ones.

To that end, H.R. 1005 would require VA to enter into an agreement or a contract with State Veterans Homes to pay for adult day healthcare for a veteran who is eligible for but not receiving nursing home care.

Adult day healthcare programs are a popular alternative to nursing home care that provide veterans in need of case management, assistance with activities of daily living, or other supportive services with companionship, peer support, recreation, and certain healthcare services. They also provide needed respite for caregivers.

By requiring VA to cover the cost of adult day healthcare programs at State Veterans Homes for veterans who would otherwise qualify for VA-paid nursing home care, H.R. 1005 would expand access to this type of care, which has been shown to maximize a veteran's independence and quality of life and to extend an aging veteran's ability to remain at home, which I think we would all want to do.

This bill has the support of the National Association of State Veterans Homes, The American Legion, the Disabled American Veterans, the Paralyzed Veterans of America, and the Veterans of Foreign Wars of the United States.

I am grateful to my friend and former committee member, LEE ZELDIN from New York, for sponsoring this legislation and for shepherding it to the House floor. I look forward to working with him and our colleagues in the Senate to secure a quick passage over there as well.

Mr. Speaker, I urge all of my colleagues to join me in supporting H.R. 1005, and I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of Congressman ZELDIN's bill, H.R. 1005. This legislation is a timely solution to a problem that affects many of our aging veteran populations. Nursing homes are often a family's last resort, and I believe that is the way it should remain. By allowing veterans to receive daily care and assistance at a nursing home and then return to their homes at night, veterans will receive the care, medical support, and attention they need without sacrificing the community family support and independence they want.

For that reason, I ask my colleagues to support this really smart piece of legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. ZELDIN) who is a former member of our committee and sponsor of this legislation.

Mr. ZELDIN. Mr. Speaker, I rise today in support of H.R. 1005, a bill which would provide no-cost medical model adult day healthcare at State Veterans Homes to veterans who are 70 percent or more service-connected disabled.

This bill is an extension to the Veterans Benefits, Healthcare, and Information Technology Act of 2006, which currently provides no-cost nursing home care at any State Veterans Home to veterans who are 70 percent or more service-connected disabled.

Medical model adult day healthcare provides comprehensive medical, nursing, and personal care services combined with engaging social activities for physically or cognitively impaired adults. Medical model adult day healthcare offers a complete array of rehabilitative therapies, including physical, occupational, and speech therapies, hospice and palliative care, social work, spiritual, nutritional counseling, and therapeutic recreation.

The program is designed to promote socialization and stimulation and maximize the participant's independence while enhancing their quality of life. The program is staffed by a team of multidisciplinary healthcare professionals who evaluate each participant and customize an individualized plan of care specific to their health and social needs.

Adult day healthcare is an alternative care setting that can allow some veterans who require long-term care services to remain in their homes rather than be institutionalized in a nursing home. Such veterans typically require support for some, but not all, activities of daily living—ADLs—such as bathing, dressing, or feeding. In many cases, a spouse or other family member may provide the veteran with much of their care, but they require additional support for some of the veteran's ADLs. By filling these gaps, adult day healthcare can allow these veterans to remain in their homes and communities for additional months or even years and thereby lower the financial cost of caring for these heroes.

Adult day healthcare also provides family caregivers support and relief. Adult day healthcare programs can help caregivers to meet their other professional and family obligations or provide a well-deserved respite while their loved ones are participating in the program.

I would like to thank Chairman ROE and Ranking Member WALZ for their leadership and support on this issue. Also, I would like to thank the House Veterans' Affairs Committee and the

great staff for recognizing the need for this critical legislation.

Mr. Speaker, this is a piece of legislation I would encourage all of our colleagues to support.

Mr. WALZ. Mr. Speaker, I continue to reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. COSTELLO) who is a former member of our committee.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise today in support of legislation that would assist veterans in Pennsylvania's Sixth Congressional District who suffer from a service-connected disability.

H.R. 1005 would allow the Department of Veterans Affairs to work with State Veterans Homes, such as the Southeastern Veterans Center in my district in East Vincent Township in Chester County, Pennsylvania, to fund adult day healthcare for veterans who have a disability rating of 70 percent or more from the line of duty.

Making this program available to more veterans who need assistance with daily tasks, such as bathing, dressing, or eating, would help improve the lives of those who have sacrificed so much, as well as their families.

Our veterans and their loved ones deserve to receive high-quality health services with the freedom and flexibility to live independently and at home.

I commend Congressman ZELDIN for his leadership and all those on the Veterans' Affairs Committee for passing this out of committee. I am proud to be a cosponsor of this bill, and I urge my colleagues to support it.

Mr. WALZ. Mr. Speaker, I encourage my colleagues to join me in passing H.R. 1005, and I yield back the balance of my time.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1005.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. ROE of Tennessee. Once again, I urge all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 1005.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

NO HERO LEFT UNTREATED ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1162) to direct the Secretary